

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	4

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	4

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

65369.57

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

05/01/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

1916.66

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure
Phone center rentalCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

33968.85

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4765.77

Full Name (Last, First, Middle Initial) of Payee
Brian Barnett

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3572.80

(a) SUBTOTAL of Itemized Independent Expenditures

2216.37

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650115
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **3 / 20**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Veronica Breggs

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address
8 Baltimore St

Amount

123.20

City
Little Rock

State
AR

Zip Code
72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

246.40

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address
5701 Cochiti Dr, NW

Amount

25.00

City
Albuquerque

State
NM

Zip Code
87120

Purpose of Expenditure
Per diem

Category/
Type

Office Sought:

☐ House

State: AR

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

4909.73

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address
5701 Cochiti Dr, NW

Amount

176.51

City
Albuquerque

State
NM

Zip Code
87120

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

5086.24

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

324.71

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650116
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **4 / 20**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Stanley Cash

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
1622 Gaines

Amount

123.20

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2587.20

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Carly Danielsen

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
12223 W 2nd Pl. Apt. #11-304

Amount

25.00

City State Zip Code
Lakewood CO 80228

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 95.00

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Paul Davis

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
4623 Kenyon

Amount

123.20

City State Zip Code
Little Rock AR 72205

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 123.20

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

271.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650117
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Clayton DeGarmo

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
1918 Crutcher Street

Amount

123.20

City State Zip Code
North Little Rock AR 72114

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 123.20

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
George Doak

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
515 Shirk Lane SW

Amount

25.00

City State Zip Code
Albuquerque NM 87105

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 95.00

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 8006.76

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

173.20

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650118
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 8224.94

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
95 W. 1st Ave Apt 1

Amount

366.50

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Mileage reimbursement

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 8591.44

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Tahir Duckett

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
1325 N. Pierce St, Apt. 501

Amount

45.00

City State Zip Code
Arlington VA 22209

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 675.00

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

629.68

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650119
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
Hardin Rd

Amount

159.77

City
Little Rock

State
AR

Zip Code
72203

Purpose of Expenditure
Housing

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

6070.48

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
Hardin Rd

Amount

234.12

City
Little Rock

State
AR

Zip Code
72203

Purpose of Expenditure
Housing

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

6304.60

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Joseph Fazzio

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
5011 South Swanson St.

Amount

25.00

City
Las Vegas

State
NV

Zip Code
89119

Purpose of Expenditure
Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

95.00

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

418.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650120
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 8 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gogo Inflight Internet

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

1250 North Arlington Heights Rd.,

Amount

12.95

City
Itasca

State
IL

Zip Code
60143

Purpose of Expenditure
Internet service

Category/
Type

Office Sought:

☐ House

State: AR

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

12.95

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Cheryl Hodges

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

905 Palmer Avenue

Amount

123.20

City
Little Rock

State
AR

Zip Code
72019

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

369.60

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

2220 S. State St. Apt 3

Amount

218.18

City
Little Rock

State
AR

Zip Code
72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

☒ Senate

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

7199.94

Disbursement For:
2010

☒ Primary

☐ General

☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

354.33

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 9 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Lameeka Howard

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
400 S. Donaghey #27

Amount

123.20

City State Zip Code
Conway AR 72034Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 616.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Steve Karbowski

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5967.28Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Steve Karbowski

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

176.51

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 6143.79Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Rashay Layman

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

453 Siebert St.

Amount

25.00

City

Columbus

State

OH

Zip Code

43206

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

95.00

Full Name (Last, First, Middle Initial) of Payee

Mark Lewis

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

2509 West 6th

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1724.80

Full Name (Last, First, Middle Initial) of Payee

Kevin Litten

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

635 Probasco St

Amount

25.00

City

Cincinnati

State

OH

Zip Code

45220

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

70.00

(a) SUBTOTAL of Itemized Independent Expenditures

173.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650123
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 11 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Frederick Manning

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
317 West Indiana St

Amount

123.20

City State Zip Code
Beebe AR 72012

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2833.60

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Faye Martin

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
3900 Potter Street

Amount

123.20

City State Zip Code
Little Rock AR 72204

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 369.60

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Mission Control Inc.

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address
114 A Mansfield Hollow Rd.

Amount

17218.50

City State Zip Code
Mansfield Center CT 06250

Purpose of Expenditure
Mailing - Printing, postage, creative design

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
BLANCHE LAMBERT LINCOLN

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 162085.70

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

17464.90

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mission Control Inc.

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

114 A Mansfield Hollow Rd.

Amount

17218.50

City

Mansfield Center

State

CT

Zip Code

06250

Purpose of Expenditure

Mailing - Printing, postage, creative design

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

179304.20

Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

1805 Marshall Dr

Amount

123.20

City

Little Rock

State

AR

Zip Code

72202

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2833.60

Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

411 6th St.

Amount

25.00

City

Newcastle

State

DE

Zip Code

19720

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

95.00

(a) SUBTOTAL of Itemized Independent Expenditures

17366.70

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5967.28

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6143.79

Full Name (Last, First, Middle Initial) of Payee

Heather Rozzo

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

819 SW 14th Ct.

Amount

25.00

City

Ft. Lauderdale

State

FL

Zip Code

33315

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

751.08

(a) SUBTOTAL of Itemized Independent Expenditures

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Brandon Scott

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1814 Cross

Amount

123.20

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1478.40

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
800 Broadway

Amount

133.67

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1434.84

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
800 Broadway

Amount

77.47

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1512.31

(a) SUBTOTAL of Itemized Independent Expenditures

334.34

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
800 Broadway

Amount

42.00

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1554.31

Full Name (Last, First, Middle Initial) of Payee
Terry Smith

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
10 Nantucket Circle

Amount

123.20

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and BenefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

985.60

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City
BlacklickState
OHZip Code
43004Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

7100.00

(a) SUBTOTAL of Itemized Independent Expenditures

190.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990650128
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **16 / 20**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address
440 Rocky Springs Dr

Amount

202.50

City State Zip Code
Blacklick OH 43004

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 7302.50

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address
302 E. Roosevelt

Amount

123.20

City State Zip Code
Little Rock AR 72206

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2833.60

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Mailing Address
2 Helen St Apt 4

Amount

176.51

City State Zip Code
Ward AR 72176

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 4236.24

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

502.21

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5113.42

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City
TampaState
FLZip Code
33336Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5298.78

Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

3804 W. Capitol Ave

Amount

123.20

City
Little RockState
ARZip Code
72205Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3203.20

(a) SUBTOTAL of Itemized Independent Expenditures

333.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

84.37

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13170.13

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13283.83

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

52.76

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13336.59

(a) SUBTOTAL of Itemized Independent Expenditures

250.83

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13390.17

Full Name (Last, First, Middle Initial) of Payee
Janelle Toombs

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
1915 Wolfe

Amount

123.20

City
Little RockState
ARZip Code
72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

369.60

Full Name (Last, First, Middle Initial) of Payee
Corey Tory

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0Mailing Address
25 Barnwood Circle

Amount

123.20

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

862.40

(a) SUBTOTAL of Itemized Independent Expenditures

299.98

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 / 20

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jonathan Turner

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Circle, Apt 301

Amount

123.20

City
TampaState
FLZip Code
33610Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2710.40

Full Name (Last, First, Middle Initial) of Payee
USPS

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

900 Brentwood Ave.

Amount

11900.00

City

Washington

State
DCZip Code
20090Purpose of Expenditure
PostageCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BLANCHE LAMBERT LINCOLNDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

81655.00

Full Name (Last, First, Middle Initial) of Payee
USPS

Date

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Mailing Address

900 Brentwood Ave.

Amount

11900.00

City

Washington

State
DCZip Code
20090Purpose of Expenditure
PostageCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

93555.00

(a) SUBTOTAL of Itemized Independent Expenditures

23923.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

65778.92